

Reporting Changes during TMA

If you experience a change in household members, residency or earned income, please report the change to Medicaid Eligibility within 10 days of the change. These changes may affect your Transitional Medical Assistance (TMA) eligibility.

Reminder: *If your earned income and expense verifications are not received timely, your Transitional Medical Assistance may close due to failure to provide. If this occurs, your case may be able to be re-opened by turning in the requested information, so please continue to try and return the requested verifications for the reporting months indicated on your QRF.*

For questions, please call Medicaid Eligibility.



Contact Us

Medicaid Eligibility
1-855-632-7633

In Lincoln
402-473-7000

In Omaha
402-595-1178

For questions regarding claims,
please call the Medicaid Inquiry Line:
1-877-255-3092

Three different ways you can send us your verifications:

Fax:
402-471-9209

Email:
DHHS.ANDICenterLincoln@nebraska.gov

Mail:
Nebraska DHHS-MLTC
P.O. Box 85801
Lincoln, NE 68501-9884

AccessNebraska.ne.gov

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES



Nebraska
DHHS,
Medicaid &
Long-Term
Care

How does Transitional Medical Assistance (TMA) benefit me?

Transitional Medical Assistance is designed to help you and your family transition into self-sufficiency. One way DHHS can help you accomplish this goal is by providing Medical coverage for up to 12 months when you would otherwise be ineligible for Medicaid. For the time you are eligible for Transitional Medical Assistance, many families are able to use this time to work up to self-sufficiency while continuing to have medical coverage so they can focus on gaining financial stability.

How do I become eligible for Transitional Medical Assistance?

In order to become eligible for Transitional Medical Assistance, you must:

- Be a parent or caretaker relative of at least one dependent child.
- Have been eligible for Parent/Caretaker Relative Medicaid in 3 out of the last 6 months.
- Now have earned income that is over the income limit for Parent Caretaker Medicaid, making you ineligible for Medicaid.
- Have earnings that do not exceed 185% of the Federal Poverty Level.

Once you are determined eligible for Transitional Medical Assistance (TMA)...

What Do You Need to Do?

You will receive a Notice of Action in the mail advising you of your TMA eligibility. Not much else will seem to change at that time, you will continue to have the same medical coverage. Only now, you will start to receive a 'Quarterly Report Form' every three months that will need to be returned to DHHS.

- Quarterly Report Form (QRF): When you receive your quarterly report form, you will need to provide verification of your earnings (and child care expenses) for the three month reporting period.
- Self-Employment: If you are considered self-employed, you can fill in the blanks for the months requested or you can provide self-employment ledgers.
- Disregards: Earnings of a child 18 and younger are disregarded for TMA, so this does not need to be provided.
- Child Care Expenses: You should also provide verification of any child care expenses you have paid in these same three months, this will help reduce the amount of income that is used in determining your Transitional Medical Assistance eligibility. If you receive Title XX Child Care Assistance from DHHS, even this expense can be used so be sure to write 'Title XX' on your quarterly report form (QRF).

Month 7-12: Possible TMA Monthly Premium

Once you reach your 7th month of TMA eligibility your income will start to be used in determining your eligibility for continued coverage. In months 7 through 12 you may become subject to a monthly TMA premium. The amount of the premium is determined by the income you have been earning in the past months, which was collected on the quarterly report forms. However, this premium is not due prior to the month beginning and is only due if you have medical expenses for that month. If you are a two parent household this monthly premium is for the both of you. You don't pay the monthly premium amount for each parent/adult.

When do I pay my TMA premium?

The premium must be paid or post marked by the 21st of the following month and only needs to be paid if you had medical expenses greater than your premium in that month.

If the household is subject to a monthly TMA premium, they will receive a statement each month with a payment coupon. This payment coupon must be included with your payment and always use the correct month's payment coupon for the month the payment is intended for. For any months that the premium is not paid, you will not be able to receive Medicaid services.